

State of New Hampshire Board of Pharmacy

121 South Fruit Street
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

2016 Pharmacist License Renewal Form

Your license to practice pharmacy in NH expires on December 31, 2015.

You may not work as a pharmacist in NH as of January 1, 2016 unless your renewal has been received by December 31, 2015.

ALL SECTIONS MUST BE COMPLETED. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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T. THE OF THAT IMAGISTE	OCHOE BEING HENEWED			
☐ Pharmacist	License Without Immunizatio	on Endorsement - License Renewal Fee	To Be Enclosed With This Form: \$125	
☐ Pharmacist	License With Immunization E	Endorsement - License Renewal Fee To	Be Enclosed With This Form: \$135	
(Your Current	NH Pharmacist License Must Have	e This Endorsement - It Can Not Be Added	As Part of This Renewal)	
	MAKE CHECK PAYA	BLE TO: TREASURER, STATE	OF NEW HAMPSHIRE	
2. GENERAL INFORMATION				
NH Pharmacist License #	First Name	Middle Initial	Last Name	
Street / Mailing Address				
Oth		L 0141	Disease	
City		State Zip Code	Phone () -	
Email Address (Must Be Enter	red For Renewal To Be Processed & To	o Receive Renewal Notices & Important Board Co	mmunication / Advisories)	
3. CURRENT NH PHARMAC	Y EMPLOYMENT			
	loyed as a pharmacist in Nev	w Hampshire?		
Yes *If yes, comple	•		Retired	ent
Name of NH Pharmacy Where You Are	Currently Employed (If Multiple Pharmacies, Please	e Attach List)		
Complete Address Of Pharmacy				
Complete Address Of Pharmacy Street	City/Town	N State	H Zip Code	
Street	·	State	Zip Code	
4. REPORT ON CONTINUINO	G EDUCATION – PER Ph 403.02 REQU	State UIREMENTS – PLEASE ENTER IN HOURS NOT	Zip Code	
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No ** If no, your NH pharmacist license cannot be renewed until you register with the NH PDMP at: www.newhampshirepdmp.com

7. REGISTRATION AS AN IMMUNIZING PHARMACIST IN NEW HAMPSHIRE – SKIP THIS SECTION IF YOU ARE NOT REGISTERED AS A NH IMMUNIZING PHARMACIST					
As a pharmacist registered to administer vaccines in NH per RSA 318:16-b & Ph 1300, you must maintain professional liability insurance and up-to-date CPR certification	on				
to continue to immunize patients in NH.	J.,				
Do you have current (earned within the past 2 years) CPR / Basic Life Support certification (including hands-on skills training/assessment) from the American Heart Association or the Red Cross?	:				
☐ Yes * If yes, you must also initial here to confirm you have current training/certification in CPR as Required by NH Law					
□ No ** If no, your NH pharmacist license cannot be renewed with Immunization Endorsement until your certification is renewed.					
Do you have current professional liability insurance coverage of at least \$1,000,000 ?	_				
☐ Yes * If yes, what type of policy do you have? ☐ A policy provided through my employer ☐ A personal policy ☐ I have both a personal policy & one through my employ	ver				
□ No ** If no, your NH pharmacist license cannot be renewed with Immunization Endorsement until you have current professional liability insurance of at least \$1,000,000.	,				
8. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - <u>ALL</u> QUESTIONS <u>MUST</u> BE ANSWERED.					
Since your last renewal:					
A. Have you voluntarily surrendered for disciplinary issues your pharmacist license issued by any other state board of pharmacy or licensing agency? * If Yes, Attach Explanation a Official Documentation from Other Board / Agency.					
B. Has your pharmacist license in any state been revoked, suspended, restricted, or been subject to disciplinary action by any state board of pharmacy or licensing authority? * If Yes, Attach Explanation as Official Documentation from Other Board / Agency.					
C. Have you been charged or convicted (including a no-contest or guilty plea) of a felony or misdemeanor (other than minor traffic offenses)? Left Yes, Attach Explanation as Official Court Documents.	nd				
D. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the Federal Food and Drug Administration, the Federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state/federal pharmacy, alcohol, or drug laws? Yes* No *If Yes, Attach Explanation as Official Documentation from Other Agency.					
You <u>must</u> explain each yes answer (additional information may be listed on an attached sheet of paper). For any convictions or discipline, a copy of the legal/court documents <u>must</u> be submitted with your application.					
9. APPLICANT'S STATEMENT					
My signature below affirms that the answers and statements made on this renewal application are true and correct to the best of n	ny				
knowledge and belief. I also understand that pursuant to RSA 318:26-a, the Board must be notified within 15-days of any changes in the	he				
information contained on this form. Failure to notify the Board could result in disciplinary sanctions.					
Signature: Date:					
INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT <u>CANNOT BE ACCEPTED</u> .					